

APPLICATION
INCUMBENT WORKER TRAINING
Tennessee Department of Labor & Workforce Development
Employment and Workforce Development Division

SECTION 1 *Company Information:*

Company Name:		
Street/Mailing Address:		
City:	Zip:	County:
Company Contact Person:		Title:
Phone:	Ext:	Fax:
E-Mail:	Website:	Years in Business:
Date of Inception:		Total FT employees at this location:
Legal structure of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor		
Employer's Federal ID #:		TN Sales Tax ID #:
Unemployment Insurance ID #:		Primary NAICS Codes:
Is your company current on all Tennessee tax obligations: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Total amount your company will spend on training in 2006/2007 (est.): \$		
Is your company receiving/applying for other public training funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Description of your business, product(s) and/or services:		
Is your company unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, have they been involved in this application: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Amount of Grant request: \$		Number of FT employees to be trained:
Training Start: <i>(no earlier than 7/1/06):</i>		Training Ends: <i>(no later than 6/30/07):</i>
Local Workforce Investment Area (LWIA):		Contact Name:
This company is minority owned. Please check appropriate box(es):		
<input type="checkbox"/>	Native American	<input type="checkbox"/> African American
<input type="checkbox"/>	Asian American	<input type="checkbox"/> Woman-owned
<input type="checkbox"/>	Hispanic American	<input type="checkbox"/> Other, specify:

SECTION 2 *Training Provider Information:*

The Training Provider(s) will be:		<input type="checkbox"/>	Public Training Inst.	<input type="checkbox"/>	Private Training Inst.	
		<input type="checkbox"/>	Company employee	<input type="checkbox"/>	Private Instructor	
Training will be delivered:	<input type="checkbox"/>	On-Site	<input type="checkbox"/>	At the training institution	<input type="checkbox"/>	Remote site
Name of Training Provider(s):						
Contact Name:			Phone:			
Address:						
City:		State:		Zip:		

SECTION 3 *Training Project Information:*

Description of the proposed training project:

Number of trainees (Attach spreadsheet if necessary)

- Trainees' Name
- SSN
- Date of Hire
- Job titles
- Departments

Please separate the description by:

- Type of training
- Number of hours of training
- Training provider
- Cost of instruction/tuition \$
- Any resulting certifications, etc.

SECTION 4 Training Program Budget:

Please use this as a guide. Show all formulas used to calculate totals as indicated. BE SPECIFIC.

Note: Training funds cannot be used to reimburse any training costs incurred before the grant is approved. Please take this into account when developing your budget and timeline.

A. Budget Category	B. IWT Assistance Requested	C. * Employer Contribution	D. TOTAL (B+C)
1. Instructor Wages/Tuition (This information should reconcile with Section 3. Training Project Description)			
2. Curriculum Development			
3. Materials/Supplies Textbooks (itemize)			
4. Training Equipment Purchase (Must be employer contribution)	Cannot fund with IWT grant		
5. Other costs (Describe)			
6. Travel, Food, Lodging	Cannot fund with IWT grant		
7. Trainee Wages (including benefits)	Cannot fund with IWT grant		
8. Sub Total	\$	\$	\$
9. Indirect Costs	\$	\$	\$
10. TOTALS	\$	\$	\$

IWT Cost per Trainee

(Line 10 Column B divided by Number of Trainees) = \$

Employer Contribution Ratio

(Line 10 Column C divided by Line 10 Column B) = \$

* The employer must contribute to the training project to receive an IWT grant award. Examples of employer contribution include, but are not limited to expenses associated with: Instruction/tuition; curriculum development; materials/supplies; the use of space and equipment during the training project (please show calculation used to assign a value); and trainees wages (including benefits) of employees during training.

SECTION 5 *Anticipated Outcomes of the Training Project*

Please check the boxes that apply to the anticipated outcomes of the proposed training project. **Attach a brief statement to this application for each checked box explaining “how” and/or “why” this training would result in the specific outcome.**

Promote Growth and Avoid Layoff		Employee Earning Potential	
<input type="checkbox"/>	Important to the stated mission of the company	<input type="checkbox"/>	Critical to the long-term viability of the company
<input type="checkbox"/>	Improvement of international trade opportunities	<input type="checkbox"/>	Overall workforce development efforts
<input type="checkbox"/>	Make this location more competitive within company	<input type="checkbox"/>	Will assist in the training of disabled
<input type="checkbox"/>	Prevent company from having to relocate operations	<input type="checkbox"/>	Will assist in the training of minorities
<input type="checkbox"/>	Will create entry level positions, # _____	<input type="checkbox"/>	Will assist in the training of veterans
<input type="checkbox"/>	Will create new jobs, # _____	<input type="checkbox"/>	Will assist welfare to work participants
<input type="checkbox"/>	Will increase the profitability of our company	<input type="checkbox"/>	Will be an important component of our company's profitability
<input type="checkbox"/>	Will lower employee turnover in our company	<input type="checkbox"/>	Will improve the long-term wage level of trainee's
<input type="checkbox"/>	Will save jobs in our company, # _____	<input type="checkbox"/>	Will improve the short-term wage levels of trainee's

SECTION 6 *Certification by Authorized Company Representative*

[Note: The individual signing the application below must have the authority to enter into contracts on behalf of the applying company.]

As an authorized representative of the company listed above, I hereby certify that the information listed above and attached to this application is true and accurate. I am aware that any false information or intended omissions may subject me to civil or criminal penalties for filing of false public records and/or forfeiture of any training award approved through this program.

GRANT AWARDS

- *Businesses approved for funds enter into a contract with the Local Workforce Investment Area through the Tennessee Department of Labor and Workforce Development which commits the business to complete the training project as proposed in their application.*
- *Approved budget items are **reimbursed** upon presentation of adequate documentation of the training and evidence that the training expense incurred has been paid.*
- *Businesses provide a matching contribution to the training project. For FY2005-2006, businesses will be required to provide a minimum of 100% of the requesting training costs up to \$50,000.*
- *Businesses will keep accurate records of the project's implementation process and certify that all information provided for the purpose of requesting reimbursements and reporting training activity is accurate and true.*
- *Businesses submit **monthly or quarterly** reimbursement requests with required support documentation.*

PROJECT COMPLETION

- *All Grant projects shall be performance based with specific measurable performance outcomes – including: the completion of the training project, number of employees trained, beginning and ending wages of trainees, customer satisfaction, and six-month retention.*

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- *Final payment for businesses receiving IWT grants will be withheld until the final report is submitted and all performance criteria specified in the grant have been achieved.*
- *Businesses shall provide sufficient documentation to the Local Workforce Investment Area for identification of all employee participants for calculation of performance measures required by WIA, and any other outcomes deemed pertinent to the grant administrator.*

Signature:		Title:	
Print Name:		Date:	

PLEASE ALLOW AT LEAST 15 BUSINESS DAYS FOR YOUR APPLICATION TO BE PROCESSED

Any additional questions, contact your Local Workforce Investment Area, or:

Jim Alford
 Director, Employer Services
 Tennessee Department of Labor & Workforce Development
 Andrew Johnson Tower, First Floor
 710 James Robertson Parkway
 Nashville, TN 37245-0658

How did you learn about the Tennessee Incumbent Worker Training Program?
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